MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-02113											134		
OEPA	MTMEN	T 0	FPU	BL(C) Regis	IEALTH AND WE stration District No	"318 Prin	nary Registration	1003	Registrar's No.	565	STATE FILE	NUMBER	
DO NOT WRITE ON THIS STUB	AMI	ENDE	•		FILED MA								
VS 300 Rev. 4/59		1			LACE OF DEATH	 .			a. STATE MO.	CE (Where decease b. COUN	d lived. If institutio	admission)	
Rev. 4/ 39	AMENDED			Ŀ	OR	porate limits, give TOWN	SHIP anly)	Length of stay in 1b	c. CITY OR TOWN St	,		Inside Limits	
1	\$					^L ouis		DOA	11	. Louis		Yes 22 No 🗆	
	S \$47.				HOSPITAL OP	NOT in hospital, give loca $ extit{Homer G. }Ph$	•	Inside Limits Yes 🔀 No 🗀	d. STREET ADDRESS 58	44 Plymou	side, give location)	Reside on Farm Yes No [3]	
3		┡┤	⊣ i		NAME OF DECEASED	First		liddle	Lost	4. DATE	Month Da	y Year	
					Type or print)	Eddie			son	OF DEATH	. •	2 1962	
5 2				5. S M (sex a le	6. COLOR OR RACE Negro	7. Married [Never Married ☐ Divorced ☐		1	hday) IF UNDER 1 Y		
	ا ا					(Give kind of work done gulife, even if retired)	106. KIND OF E	Dame			1	OF WHAT COUNTRY	
	§				ATHER'S NAME	7		THER'S MAIDEN NAM	i	n, Arkans	E OF HUSBAND OR W	S.A.	
7 1	S FOLIC							osie	2	17. 170/7	Deceased		
8 2~					<i>lliam Wats</i> WAS DECEASED EVER	IN U.S. ARMED FORCES?		CIAL SECURITY NO.	17. INFORMANT		Address	·	
9	<u>.</u>			(Yes,	no, or unknown) (If	yes, give war or dates of None	servi	,	Claren	ce Watson	3114 Nort		
10	ž		E	18	B. CAUSE OF DEATH PART I.	(Enter only one cause per DEATH WAS CAUSED BY	line		N	/	•	INTERVAL BETWEEN ONSET AND DEATH	
	S P		UMEN	,		IMMEDIATE CAUSE (a	10	marie	- Mus	<u>cardyli</u>	ر ه		
11	ADO		DOCL				\cap	✓·	, b	• /			
126/)_ 2	INSTEAD				which ga	hs, if any, DUE TO (I	o)	xens E	<u>severo</u>	, one			
	Z	\vdash	-		stating t	lause (a), } he under- juse last. } DUE TO (c)		4	221			
91	5			NO.	PART II.	OTHER SIGNIFICANT C disease condition given	ONDITIONS CON	TRIBUTING TO DEA	TH but not related to	the terminal	PART III. If decease there a pre-	d was female was gnancy in last 90 days.	
# F	<u> </u>			CATION	,	4						□ No □ Unknown	
USE BLACK INK OR PEWRITER RIBBON	בולא מילות מילות	-		CERTIFI	P. WAS AUTOPSY PERFORMED? YES NO M	20a. ACCÎDENT SUICID	E HOMICIDE	206. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of in	jury in PART I or PAR	T II of item 18.)	
				_ايا	Oc. TIME OF Hour	Month, Day, Year		J					
	`				. p.m. Dd. INJURY OCCURRE	D . 20e. PLACE	OF INJURY (e.g.	, in or about home,	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE	
					WHILE AT WORK NOT WHILE AT W	ORK [] ferm, f	actory, street, of	fice bldg., etc.)					
¥ 6 E	REA			21. I arranded the deceased from									
8 8 IS				Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.									
USE BLACE OR TYPEWRITER	SHOULD		P.	2	2 . SIGNATURE	5)- (Des	ree or tirle)	Zu/V	22b. ADDRESS	00 0		22c. DATE SIGNED	
≟	\$		=		1/all	nesuu	ال الم	OF CEMETERY OR CR	1300	cark		13-24.62	
	o Q	П	AFFIDAVIT	Rem	URAL, CREMATION, ZMOVAL (Specify)	23b. DAW 5-28-1962		ington Par	1		s County,	(State)	
	Z S] [A		UNE AL DIRECTOR	<u> </u>	RESS	•	TE RECD. BY LOCAL RE		AR'S SUCNATURE		
	TEM		≿	6		- 2221 No	-th Gran	d M	AY 24 1962	Koant	smulh.	17. D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	e is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Millown B. Lauthman
StudentSignature of Student Embalmer	
	Licensed Embalmer No. 396 2
	P.O. Address / 22/ No. Shand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.